Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional dalms or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Depend Indep 52 53 54 55 56 57 .58 59 60 62 ..63. 64 66 67 68 69 18 19 20 21 22 23 24 25 26 27 28 29 30 70 71 72 73 74 75 76 77 78 79 80 81 31 32 83 33 34 84 85 86 87 35 36 37 38 88 39 40 90 91 41 92 42 93 94 43 44 45 46 95 96 47 48. 99 49. 50 Total Total Indep Indep Total Depend Depend Total Claims Total Ctalms

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